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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a 371 of PCT/EP04/03574 04/03/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 GERMANY 103 15 878.2 04/08/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY  GERMANY	SHEETS DRAWINGS  4	TOTAL CLAIMS  -37- 16	INDEPENDENT CLAIMS  -3- 1
35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	CN				
Verified and /CHUKWUMA O NWAONICHA/ Examiner's Signature	Initials				

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**TITLE**  
 Transdermal administration of (r)-3,3-diphenylpropylamin-monoesters

<b>FILING FEE RECEIVED</b> 1750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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